

Board of Nursing

P.O. Box 30193

Lansing, Michigan 48909

(517) 335-0918

NURSE SPECIALTY RECERTIFICATION INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended

This form is for information only.

NOTE: It is your responsibility to have all required documentation sent to the Board of Nursing. Questions regarding your application can be directed to the Michigan Board of Nursing at (517) 335-0918 three weeks after the date you sent the application. Please allow 4-6 weeks processing time. Applications submitted without the required licensing fee, applicant's signature and date will be returned.

GENERAL INSTRUCTIONS FOR RELICENSURE

1. Type or print legibly on all forms and send original application, with the proper fee, to the Board of Nursing. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
2. You must submit your application for recertification with the appropriate fee.
3. The appropriate specialty certification form must be submitted to the appropriate certifying agency to be completed and returned directly to the Michigan Board of Nursing.
4. You must submit proof that you have met the following continuing education requirements for your nurse specialty:

Nurse Anesthetist: National Recertification

Nurse Midwife: Proof of meeting the Continuing Competency Assessment requirements by ANCM or 20 hours of C.E. in the 2-year period preceding the date of the application.

Nurse Practitioner: National Recertification or 40 hours of C.E. earned in the 2-year period preceding the date of the application.

GENERAL INFORMATION

1. ***If you require special testing accommodations because of a disability, you must submit a letter that indicates what your disability is and what type of accommodations you are requesting. Also, we require that you send us a letter from a licensed health care provider that clearly states your diagnosis and includes copies of all supporting test findings and/or evaluations. In addition, you should send us documentation from your nursing program that describes what type(s) of accommodations were provided to you during your education. These documents need to be submitted at the same time you send in this license application, if not earlier, to: CIS, Bureau of Health Services, ATTN: ADA Request, P.O. Box 30670, Lansing, MI 48909.***
2. **NAME AND/OR ADDRESS CHANGES:** If your name and/or address changes before the exam date, notify the Board of Nursing in writing. Include your former name, address, social security number, and whether or not you are a candidate for the nursing examination with the new name and/or address. Telephone calls are NOT accepted for these changes. Name and address changes can be faxed to (517) 373-2179.
3. **REFUND POLICY:** If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Nursing in writing to request a refund.

THE NURSE SPECIALTY CERTIFICATION WILL EXPIRE ON THE SAME DAY AS YOUR RN LICENSE. YOUR NURSE SPECIALTY CERTIFICATION CANNOT BE RENEWED UNTIL YOUR RN LICENSE IS RENEWED. HOWEVER, YOU CAN SUBMIT BOTH FOR RENEWAL AT THE SAME TIME.

Board of Nursing

P.O. Box 30193
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APPLICATION FOR RECERTIFICATION OF A NURSE SPECIALTY

Authority: Public Act 368 of 1978, as amended
If this form is not completed, certification will not be issued.

Type or Print Only**I AM APPLYING FOR THE FOLLOWING RECERTIFICATION:****Note: A separate application and fee must be filed for each recertification desired**

- ☐ Nurse Practitioner
- ☐ Nurse Midwife
- ☐ Nurse Anesthetist

If your R.N. License Expires:

in 13-24 Months the Fee is \$52.00 71-4704-021156
in 5-12 Months the Fee is \$38.00 71-4704-011156
in 0-4 Months the Fee is \$52.00 71-4704-021156

***If your current RN license expires within 120 days, you must pay the larger fee and your certification will be issued with your renewed, 2 year license.**

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Michigan Permanent I.D. Number and Expiration Date 47-04
Street Address		
City	State	ZIP Code
Daytime Phone Number	All Previous Names and/or Birth Name Used (if applicable)	

NURSE ANESTHETIST RECERTIFICATION

An applicant for Nurse Anesthetist Recertification must demonstrate that he/she has been certified or recertified by the Council on Recertification of Nurse Anesthetists within the last two years. The attached Nurse Anesthetist Specialty Certification form must be completed.

NURSE MIDWIFE RECERTIFICATION

An applicant for Nurse Midwife Recertification must either:

Demonstrate that he/she has completed the continuing competency assessment requirements of the ACNM Certification Council within the last two years. The attached Nurse Midwife Specialty form must be completed.

OR

Submit documentation that you have completed 40 continuing education units in the nursing specialty field within the last two years.

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Name

NURSE PRACTITIONER RECERTIFICATION.

An applicant for Nurse Practitioner Recertification must either:

Demonstrate that he/she has been recertified or maintained certification with one of the recognized national certifying agencies within the last two years. The attached Nurse Practitioner Certification form must be completed.

OR

Submit documentation that you have completed 40 continuing education units in the nursing specialty field within the last two years.

CERTIFICATION	
I certify that the above statements about my qualifications for a Michigan nurse specialty certification are true.	
Signature of Applicant	Date

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NURSE PRACTITIONER SPECIALTY CERTIFICATION

Authority: Public Act 368 of 1978, as amended.

If this form is not completed, certification will not be issued.

INSTRUCTIONS: Applicant should complete Section I. Type or print your name exactly as it appears on your Registered Nurse application. Send this form to the appropriate certifying agency for completion of Section II. **This certification must be submitted directly to the Michigan Board of Nursing by the appropriate certifying agency.**

SECTION I - APPLICANT INFORMATION

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Michigan RN Permanent ID Number and Expiration Date:
Street Address		
City	State	ZIP Code
Signature		Date

Indicate Agency of National Certification☐ **AMERICAN NURSES CREDENTIALING CENTER**

- | | |
|--|--|
| <input type="checkbox"/> Acute Care Nurse Practitioner | <input type="checkbox"/> Clinical Specialist in Home Health Nursing |
| <input type="checkbox"/> Adult Nurse Practitioner | <input type="checkbox"/> Clinical Specialist in Medical/Surgical Nursing |
| <input type="checkbox"/> Family Nurse Practitioner | <input type="checkbox"/> Clinical Specialist in Adult Psychiatric & Mental Health Nursing |
| <input type="checkbox"/> School Nurse Practitioner | <input type="checkbox"/> Clinical Specialist in Child & Adolescent Psychiatric & Mental Health Nursing |
| <input type="checkbox"/> Gerontological Nurse Practitioner | <input type="checkbox"/> Clinical Specialist in Community Health Nursing |
| <input type="checkbox"/> Pediatric Nurse Practitioner | <input type="checkbox"/> Clinical Specialist in Gerontological Nursing |

☐ **ONCOLOGY NURSING CERTIFICATION CORPORATION**☐ **NATIONAL CERTIFICATION CORP. FOR THE OBSTETRIC, GYNECOLOGIC AND NEONATAL NURSING SPECIALTIES**

- ☐ Neonatal Nurse Practitioner
- ☐ OB/GYN Nurse Practitioner/Women's Health Care Nurse Practitioner

☐ **NATIONAL CERTIFICATION BOARD OF PEDIATRIC NURSE PRACTITIONER AND NURSES**☐ **AMERICAN ACADEMY OF NURSE PRACTITIONERS FOR ADULT & FAMILY NURSE PRACTITIONERS****SECTION II - CERTIFICATION OF LICENSURE**

CERTIFYING AGENCY INSTRUCTIONS: Please complete the following information. Return this certification directly to the Michigan Board of Nursing at the address above.

This is to certify that the person identified above has met the requirements for certification or recertification by the :

Name of Certifying Agency

as a _____

Date of Certification

Certification Number

Expiration Date

Authorized Signature of Certifying Agency

Date

(SEAL)

Print or Type name

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NURSE MIDWIFE SPECIALTY CERTIFICATION

Authority: Public Act 368 of 1978, as amended.
If this form is not completed, certification will not be issued.

INSTRUCTIONS: Applicant complete Section I. Type or print your name exactly as it appears on your Registered Nurse license. Send this form to the designated certifying agency for completion of Section II. **This certification must be submitted directly to the Michigan Board of Nursing by the designated certifying agency.**

SECTION I - APPLICANT INFORMATION

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Michigan RN Permanent ID Number and Expiration Date
Street Address		
City	State	ZIP Code
Signature of Applicant		Date

SECTION II - CERTIFICATION OF LICENSURE

CERTIFYING AGENCY INSTRUCTIONS: Please complete the following information. Return this certification directly to the Michigan Board of Nursing at the address above.

This is to certify that the person identified above has met the requirements for certification by the ACNM Certification Council (ACC) :

American College of Nurse-Midwives Certification Council

Date of Certification: _____

Certification Number: _____

Expiration Date : _____

Authorized Signature - ACNM Certification Council

Date

(S E A L)

Print or Type name

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NURSE ANESTHETIST SPECIALTY CERTIFICATION

Authority: Public Act 368 of 1978, as amended.
If this form is not completed, certification will not be issued.

INSTRUCTIONS: Applicant complete Section I. Type or print your name exactly as it appears on your Registered Nurse license. Send this form to the designated certifying agency for completion of Section II. **This certification must be submitted directly to the Michigan Board of Nursing by the designated certifying agency.**

SECTION I - APPLICANT INFORMATION

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Michigan R.N. Permanent I.D. Number and Expiration Date
Street Address		
City	State	ZIP Code
Daytime Phone Number	All Previous Names and/or Birth Name Used (if applicable)	
Signature of Applicant		Date

SECTION II - CERTIFICATION OF LICENSURE

CERTIFYING AGENCY INSTRUCTIONS: Please complete the following information. Return this certification directly to the Michigan Board of Nursing at the address above.

This is to certify that the person identified above has met the requirements for certification or recertification by the :

Council on Certification or Council on Recertification of Nurse Anesthetists

Date of Initial Certification: _____

Date of Recertification: _____

Recertification Number : _____

Expiration Date: _____

Authorized Signature of Certifying Agency

Date

Print or Type Name

(S E A L)